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CENTRAL INTELLIGENCE AGENCY  
INFORMATION REPORT

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Assignment

1. [redacted] the Medical Training Center in Lodz where [redacted] approximately 110 doctors and dentists attended a military medical training course from about 6 April 1951 to about 15 June 1951. 1
2. For training purposes, the doctors and dentists were separated into three groups; namely, members of the Party, members of the Polish Youth Union, and non-Party members. Each group was then formed into an individual platoon; each platoon appeared to have an equal number of men. A captain (a doctor [redacted] was in charge of the course, and one lieutenant (believed to be infantry), and two warrant officers were designated as platoon leaders. [redacted] platoon leader was a Jr. Lt. BILSKI. Except for conducting close order drill and physical training, these officers did not instruct classes within the course.

Instructing Staff

3. [redacted] the Medical Training Center was commanded by a Soviet colonel (name unknown) who wore a Polish uniform. The course was one of his responsibilities, and it was conducted under his supervision. There were about 12 Polish instructors [redacted] Their rank ranged from junior lieutenant to lieutenant colonel.

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Texts

4. As a rule no textbooks were issued or used during the course.

Training Aids

5. Instructors used a sand table, blackboards, and miniature models of regimental and division aid station tents. They gave a practical demonstration on erecting the division tents. (A regimental tent was about 6 x 6 m. in size; a division tent was 15 x 6 m.) Source vaguely recalled a portable-type sprayer with a rubber hose and nozzle; it was to be carried on a person's back. The sprayer was to be used for bacteriological disinfection of equipment, clothing, and areas. He vaguely remembered seeing an aide's medical kit and its contents but could not recall the contents.

Daily Routine

6.  following schedule as an example of the group's daily routine. A holiday routine prevailed on Sunday, but the trainees were not permitted to leave the center without a written pass which was given to approximately one-third of the class and was effective from about 1500 hours to 2100 hours.

0600 - Reveille

0605 - 0620 Calisthenics

0620 - 0645 Toilet and dress

0700 - 0730 Breakfast

0745 - 0800 Discussion of current events from press accounts extracted daily from newspapers.

0800 - 1205 Five hours of lectures. Lecture hour amounted to 45 minutes, with five minutes recess between lectures.

1230 - 1330 Dinner

1330 - 1530 Compulsory sleep or rest period.

1545 - 1810 Three lecture periods, each period of 45 minutes duration.

1830 - 1915 Supper

1930 - 2030 Study period

2030 - 2130 Day room activities and group singing.

2200 - Taps

Practical training in topography and map reading and trips to a local abattoir to study methods of meat handling and storage were conducted during lecture periods.

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Subjects Taught

7. [redacted] recalled the length of the course as approximately 10 weeks, or approximately 480 hours of instruction. Doctors and dentists attended classroom lectures approximately eight hours per day, six days a week. Practical training was also given on some subjects and conducted at a training area beyond the borders of Lodz. [redacted] the following subjects were taught and estimated [redacted] hours devoted to each.

8. Close Order Drill (Approximately 10 hours)

Close order drill was conducted by platoon leaders in the vicinity of the Medical Training Center.

9. General Tactics (Classroom lectures - approximately 15 hours)

50X1 [redacted] the instructor stated that defense and attack tactics were on a regimental level. To conduct an attack, a unit required a large or strong concentration of troops, plus adequate artillery and armor support. The instructor drew schematic sketches on the blackboard showing two units conducting an attack and one unit in support. Artillery fire was to precede the infantry attack. The commander was kept informed on the situation of his adjacent units. As one example, the instructor cited the employment of artillery during World War II stating that 1,000 artillery pieces were used for each km. or one artillery piece for each m. of ground. Upon conclusion of the attack, the unit's mission was to pursue and destroy the enemy.

Defense tactics were to be employed when the unit was weaker in strength than the enemy. The area to be defended would be divided into three zones, and each zone would have three lines of trenches. Distances between trenches and zones were not known to Source, but he recalled that the depth of defense was measured in km. Two units were assigned the mission of defense, with one unit held in reserve.

A high echelon, possibly army or corps, normally assigned the necessary armor and artillery units, plus appropriate air support, to subordinate organizations.

10. Infantry Basic Regulations (Classroom lectures - approximately 4 hours)

Lectures were given on the meaning of guard duty, the responsibilities, manner of performance, and method of posting sentries. Also stressed were the regulations pertaining to military courtesy and rendering of salutes and the initiation and methods of submitting official correspondence through official channels. (An inquiry could be initiated on any correspondence if there was no reply within two weeks.)

50X1 Grades of officers were also taught. [redacted] the instructor's stating that there were the grades of general of the army (General Armii), lieutenant general (General Broni), major general (General Dywizji) and brigadier general (General Brygady). [redacted] did not know of any Polish generals holding these ranks. [redacted] divisions were commanded by colonels and regiments by majors. [redacted] knew no Soviet or Polish generals, but [redacted] heard that Col. SAMET, a Pole who was chief of the Medical Department, Ministry of National Defense, in Warsaw, was promoted to general in 1953.

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## 11. Field Surgery (Classroom lectures - approximately 20 hours)

50X1 Lectures included a brief review of the history of field surgery and the organization of the Red Cross. [redacted] major operations were not performed by regimental medical officers; however, they could perform amputations when a limb was practically severed and hanging by the flesh. Otherwise, the medical officer administered tetanus and gangrene injections, gave blood transfusions, placed splints on broken limbs, corrected first aid treatment given on lower echelons and, in general, gave treatment in the nature of first aid. Casualties were then segregated, tagged with a casualty tag and sent on to the next aid station. Shock cases and contagious diseases were routed to the division aid station for treatment.

## 12. Organization and Tactics of the Medical Service (Lectures - approximately 50 hours)

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a. [redacted] conducting lectures was the responsibility of the regimental medical officer during offensive and defensive movement in time of war. He was taught that there was only one principle for treatment of casualties--namely that they were to be treated by degrees during their evacuation to the rear. This practice was to be adhered to by all military medical doctors so that those at each aid station along the way would know their own responsibilities and would also know the type and extent of medical treatment given during evacuation to the rear. Medical officers were not permitted to deviate from this practice and treat casualties according to their desires.

b. In time of war, the regimental medical officer and the medical section became subordinate to the regimental quartermaster. The regimental quartermaster prepared an annex to the regimental operations order and included a report made by the regimental medical officer. In order to prepare the report, the medical officer was informed of his unit's mission, the regimental boundaries, friendly adjacent units, and the enemy situation. 50X1 He was allotted 12 hours to prepare this report. [redacted] the following points that were to be considered when he prepared his report:

- 50X1 (1) Estimate of the required amount of medical supplies based upon the mission of the regiment. [redacted] a method involving percentages was used to estimate the number of casualties such as litter and walking cases [redacted]
- 50X1 [redacted]
- (2) Estimate of transportation necessary for evacuation of the wounded - coordinated with the regimental quartermaster. Transportation was usually provided by the division aid station. Returning empty ammunition vehicles were also to be used for evacuation of casualties.
- (3) Reconnoitering and selection of areas for establishing battalion and regimental aid stations. Overlays were to be prepared showing the site selected and routes of approach.
- (4) Selection of evacuation routes for casualties from the battalion aid station to the regimental aid station.
- (5) Coordination with the battalion feldsher to select sites to which casualties would be evacuated from the battle field.

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- (6) Selection of appropriate routes to the division aid station, avoiding use of routes selected for delivery of ammunition and food supplies.
- (7) Selection of wells within their own sectors as a source of water supply. Water from rivers or lakes was to be boiled before use if such sources were used.

c. Transportation for evacuation of casualties was to be furnished by the higher echelon to the lower echelon. Consequently, the division was to furnish transportation to the regiment and the regiment to the battalion aid station. Regimental aid stations would be located as close as possible (approximately one km.) to the fighting when its regiment was conducting an attack, and approximately three km. to the rear during a defense. A battalion aid station was 600 m. from the regimental aid station during attack and two km. away in defense.

d. [redacted] responsibilities of aid stations from company to division level:

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- (1) Company Level. In time of war, a company had no medical aid station, but approximately three or four aids were assigned to it. These aides removed casualties from the battle field to a previously selected safe area. Other EM, such as regimental bandmen, were utilized as litter bearers and removed casualties from the safe area to the battalion aid station and/or the regimental aid station. There were no litters in the company; they had to be obtained from the regiment for battalion use.

An aide was not armed, but one of his responsibilities was to remove the casualty's weapon when removing him from the battle field.

The aide carried a medical bag, described as a khaki-colored web bag, approximately 40 x 30 cm. It contained about 30 individual compresses, a variety of bandages, kerchiefs and metal tie pins for arm injuries, cotton swabs, tourniquets, iodine, cotton, and a small amount of medicaments [redacted]

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[redacted] In addition, the aide carried a circular-type web strap, approximately seven cm. wide and six m. long which was placed under the arms of the casualty in order to pull him from the battle field.

Each soldier carried a first aid kit, supplies from which the aide used first. If additional bandages were necessary, the aide used his own supply. [redacted]

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- (2) Battalion Level. In time of war, a medical platoon was normally assigned to each battalion. Strength of the medical platoon was not known. [redacted] the battalion aid station consisted of one feldsher and several aides. In time of war, the aid station could be set up immediately. Treatment of casualties was accomplished outdoors as the aid station had no tentage. Its equipment consisted of two wooden chests with metal handles for carrying supplies. Each chest measured approximately 80 x 50 x 50 cm, and contained a sufficient amount of compresses, bandages, cotton, metal and wooden splints, aspirin, adhesive tape, and an unknown quantity and variety of medicaments. [redacted] the chests possibly contained drugs for injections such as tetanus and gangrene.

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The battalion aid station segregated the casualties, rendered treatment in the nature of first aid, corrected the bandages applied by company aides, and put splints and compresses on wounds. Blood transfusions were not given in the station or in the field. Shock cases and stomach-wound casualties were given priority in movement to the next aid station.

Tourniquets were applied, if necessary, and a plain piece of paper was attached to the casualty showing the time the tourniquet was put on. The tourniquets were loosened every 30 minutes.

Transportation of casualties was furnished by the regimental aid station. Communications between the aid stations was maintained through litter bearers and/or casualties.

- (3) Regimental Level. In time of war, a medical company was normally assigned to a regiment. Strength of the medical company was unknown to Source. The medical aid station consisted of two medical officers, one feldsher, and approximately 10 aides. The senior medical officer was the regimental medical officer and the junior medical officer was commander of the medical company.

Approximately 10 minutes was allotted for setting up the regimental aid station, which had two tents for medical treatment. Each tent had two entrances, a center pole, and covered an area of approximately five sq.m. when erected. The aid station was equipped with two portable tables, one field desk and possibly two field chairs; it had no equipment, such as beds, cots, or lighting props. When casualties were received, they were placed in rows on the grass or any other nearby level area. During inclement weather or winter, additional blankets were drawn from the division and used to keep the casualties warm.

The aid station had about three wooden chests, each measuring approximately 80 x 100 x 60 cm. These chests contained supplies of bandages, compresses, wooden and metal splints, surgical instruments, serums for tetanus and gangrene, and an undetermined number of 300-gram bottles containing blood for transfusions.

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the blood supply was all type "O" and could be administered to any casualty regardless of his particular blood type. He also recalled blood types "A", "B" and "AB", but said these types were not kept at the regimental aid station.

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there was a medical kit containing supplies for shock cases. the kit contained some type of liquid, possibly alcohol, which was given to the casualty suffering from shock. All shock cases, however, were routed to the division aid station for treatment.

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The responsibilities of the regimental aid stations were: to administer tetanus and/or gangrene injections, correct first aid rendered by lower echelons or aides, give blood transfusions, control those casualties with tourniquets, apply splints if necessary, amputate limbs if hanging by the flesh, and give any other medical assistance in the nature of first aid. Casualties with stomach wounds or shock cases were given priority in evacuation to the division aid station.

Beginning at the regimental aid station, casualty tags were filled out by the medical officer and attached or handed to the casualties being evacuated to the rear. Source recalled the casualty tag as being in a booklet form, containing two sections. One section was torn off the booklet and given to the casualty; the other section became the only record of the casualty and was kept at the regimental aid station. The tag was a printed form and measured approximately 12 x 18 cm. It showed the name, unit, place of body wound or injury, type of wound, and method of evacuation. Source also recalled the tag as having three edges, which were red, yellow, and black. If the yellow edge was torn off the tag, it indicated that the casualty had contracted a contagious or other bacteriological disease such as cholera, typhus, or scarlet fever. If the black and red strips were torn off the tag, this indicated that the casualty was gassed. Source could not recall any further details on the casualty tag.

Casualties were segregated into walking cases and cases which had to be evacuated by ambulance or available vehicles. Transportation was not the problem of the regimental medical officer. The division was responsible for providing transportation of casualties from the regimental aid station to the rear. Empty returning ammunition vehicles were also utilized to transport casualties. These vehicles used a route other than those used by trucks delivering ammunition and food to the troops.

- (4) Division Level. [redacted] lectures were based on the regimental level and the duties of a regimental medical officer. However, [redacted] an independent medical battalion was subordinate to a division. [redacted] the battalion consisted of approximately six medical officers and an undetermined number of feldshers and aides.

The medical battalion had its own hospital for treatment of division casualties. In addition, a mobile surgical hospital (Szpital Ruchomy, Pierwszy Linii) could be attached to the division when necessary upon order from a higher echelon such as corps or army.

The division medical station normally had four large tents-namely for surgical operations, shock cases, ordinary medical treatment, and contagious or bacteriological diseases. A receiving officer segregated and routed the incoming casualties to the proper tent for treatment. From division level casualties were evacuated to the rear or returned to the front lines.

[redacted] there were special mobile hospitals above division level such as surgical hospitals which performed a specialized type of casualty treatment. [redacted]

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50X1 [redacted] all medical officers were armed with side arms, which were to be used only in self-defense.

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13. Topography (Lectures and practical training - approximately 60 hours)

Lectures were given on map reading, which included use of conventional signs, contour lines, geographical grids and use of coordinates, and the use of compass, stars, and ground formations in map and ground orientation.

Practical training given at a nearby training field consisted of intersection and resection map problems. Marches with a compass were not conducted.

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50X1 [redacted] Soviet-printed maps were used during

50X1 [redacted] practical training. [redacted]

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14. Political Lectures (Approximately 60 hours)

Lectures and discussions were based on the Six-Year Plan, cooperation between factory workers and farmers, the industrialization of Poland, international policies of various countries, the meaning of Communism, China's position in world politics, and an analysis of slogans used by different nations.

15. Evacuation of Casualties from the Battle Field (Lecture - approximately six hours)

Company aides were utilized to evacuate casualties from the battle field. Regimental bandsmen were utilized as litter bearers and transported the casualties from the battle area to the battalion aid station. The division was responsible for providing transportation such as ambulances or ammunition vehicles to the subordinate units. However, the regiments were responsible for the evacuation of casualties from the battalion aid stations, and the battalions from the company combat sectors.

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[redacted] aides received very high decorations if they removed as many as 30 casualties from the battle field during one day.

16. Epidemiology (Lectures - approximately 15 hours)

Lectures included the methods of transmitting communicable diseases through breathing, contact, and/or drinking of liquids.

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[redacted] one lecture on communicable diseases such as malaria, typhus, cholera, and plague. The action to be taken to curb an outbreak of a communicable disease was to isolate the person with the disease or suspected of having it, to isolate the unit, forbid the drinking of liquids, and restrict suspected areas by posting signs.

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50X1 In all cases where the medical officer suspected a patient of having a communicable disease, the patient was to be immediately sent to a hospital for diagnosis and treatment. In time of war, the unit medical officer was to make no attempt to treat dysentery or typhus patients, or those having a communicable disease. These patients were to be sent to a hospital for further diagnosis and treatment. [redacted] despite the fact the unit medical officer's initial diagnosis might be in error or exaggerated, such immediate action protected the unit as a whole from contracting a communicable disease. No V.D. lectures were given for this was considered a basic subject for doctors and unnecessary to stress.

17. Military Hygiene (Lectures - approximately 55 hours)

50X1 [redacted] the lectures were based on the duties of medical officers in military units. The medical officer was to conduct a daily inspection to check the cleanliness of mess halls, kitchens, kitchen equipment and utensils. Physical examinations of kitchen personnel were to be made frequently.

50X1 [redacted] a sample of each item of food to be served to the EM was to be taken daily and kept under lock and key for a period of 24 hours. These samples would be examined to determine the cause if troops became ill.

The mess hall tables and kitchen work tables were to have a permanent type of metal cover. Kitchen equipment and utensils were to be given a double rinse in boiling hot water and air dried after use. Separate metal containers and/or boilers were to be used for coffee, drinking water, soup, and other liquid foods. As an example, the container used for making coffee would not be used for soup.

The medical officer was to daily examine the daily menu and ascertain the number of calories in the food given to the troops. The menu was to be countersigned by the unit medical officer. In Source's regiment, a QM WO, who was a food service specialist, made out the daily menu.

50X1 [redacted] there were four types of diets. He recalled them as (1) regular diet ("Z" - Zwyczajna) which was to contain approximately 3,500 calories; (2) medical diet ("S" - Sanitarna) for hospital patients which was to contain approximately 4,000 calories; (3) school diet ("Sz" - Szkolna) for military school students containing approximately 4,500 calories; and (4) arrest diet ("A" - Aresztancka) for those under arrest containing approximately 2,500 calories.

Fresh meat was to be transported in closed trucks which were to be metal-lined and free from dust. The metal-lined trucks were to be rinsed with soapy, boiling water after each use. When stored in refrigerators, the meat was to be hung and kept away from the walls. Salted fat back was to be stored in wooden tubs or metal-lined boxes.

50X1 [redacted] medical officers in the course visited a nearby abattoir on several occasions to study methods of meat storage and for practical instruction on recognition of fresh and spoiled meat.

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50X1 [redacted] all meats were inspected and stamped by a veterinarian at the abattoir before being issued to military units.

Rice and beans were normally packed in sacks approximately 100 kg. in weight. During storage, the sacks were to be frequently moved from a bottom position to the top in order to avoid spoilage. Potatoes were to be stored in ground cellars.

Canned foods were to be frequently examined for swellings which indicated spoilage.

After baking, bread was to be stored for approximately 24 hours before issue to the troops. Bread loaves, when stored, were not to be stacked; they were to be placed in rows.

One lecture was given on the hardness of water and the bacteriological content. If the water could not be tested, it was to be boiled before drinking. Inspections were to be made of wells or other sources of water to determine the purity and fitness for drinking.

Water wells that were dug or drilled were to be kept covered when not used. Lectures also included the selection of appropriate sites for digging of water wells, latrines, and urinals.

50X1 In estimating the number of latrines and urinals to be dug, [redacted] there was to be one latrine for every 25 men and one urinal for every 50 men. For disinfection, chlorinated lime was to be used. If this was lacking, the latrines were to be covered daily with a layer of dirt.

50X1 [redacted] troop billets were to be airy at all times. There was to be sufficient artificial light and an adequate number of windows in the billets occupied by troops.

50X1 The unit medical officer was also responsible for examinations of soldiers' feet and to see that their shoes fit properly.

18. Examinations on Physical Fitness for Military Service (Orzecznictwo o Zdolnosci do Sluzby Wojskowej)(Lectures - approximately six hours)

50X1 [redacted] this subject was limited to the functions of various medical examining commissions.

50X1 [redacted] all inductees were initially examined by a medical commission at the regional induction commission. This examination was rather cursory as the inductee was re-examined by his unit medical officer. A medical record was then prepared and kept at the dispensary.

The unit medical officer usually examined the inductee shortly after his assignment to the unit. If any defects were found, the inductee was sent to the military garrison hospital for a physical examination by a medical commission. If the inductee had less than six weeks of service and was found to be physically unfit for military service by this commission, his discharge was effected by the inductee's regimental commander. This was

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usually referred to as the "quick road" to release from active service. If the inductee had served longer than six weeks, the results of the physical examination at the military garrison hospital were sent to the military district headquarters for decision and approval of the inductee's release from active service.

At the military garrison hospital the medical examining commission consisted of three medical officers one of whom was the senior or presiding officer. These medical officers performed routine duties at the hospital, except for the senior or presiding medical officer whose sole duty was to process applications and to handle other matters pertaining to inductees coming before the medical commission for physical examinations. This commission examined enlisted men only.

The next medical commission (a higher one) was at the military district headquarters, which appeared to have its own hospital. this commission also consisted of three medical officers who examined personnel up to and including the rank of captain.

A still higher medical commission also consisted of three medical officers and was located in the Ministry of National Defense hospital, Warsaw. This commission examined officers with the field grade of major and higher. Source recalled that this commission was located in a building on Nowowiejska Street in Warsaw.

19. Disinfection and Decontamination (Lectures - approximately 30 hours)

lectures were based on the matter of making mixtures of disinfectants and decontamination agents and on the method of disinfecting persons, clothing, uniforms, small arms, and articles of wood and metal.

As agents formaldehyde, lysol, sulphur, and carbolic acid.

clothing was to be placed in a hermetically sealed chamber and treated either with carbolic acid or formaldehyde, which was burned to give off fumes. Formaldehyde could be applied on contaminated items with a brush.

The instructor also spoke of a portable-type sprayer to be used for the disinfection of clothing, persons, and areas.

Disinfection and decontamination lectures were based on typhus, malaria, plague, body lice, and vermin and germ-spreading insects.

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## 20. Chemical Defense (Lectures - approximately 60 hours)

50X1 [redacted] doctors and dentists  
50X1 attending the course, [redacted] completely disinterested in this  
50X1 subject because of their resentment at having been inducted  
into the military service.

50X1 [redacted] the lecturer was a Polish major (name unknown),  
who stated that they would pass this subject without difficulty  
and that they need not concern themselves with remembering any  
details of the lectures.

50X1 [redacted] there were so many hours of instruct-  
50X1 ion that the trainees were thoroughly confused at all times. [redacted]  
50X1 [redacted]

50X1 The class was shown a gas mask, which was identified as the  
50X1 Shlem 1. [redacted] there were three sizes; small,  
medium, and large. A demonstration was given on how to don  
and remove the mask.

50X1 [redacted] a cutaway of a canister on display and  
50X1 [redacted] the canister contained activated charcoal and  
50X1 asbestos paper. [redacted] the mask did not offer pro-  
tection against carbon monoxide gases.

50X1 [redacted] lectures on such gases as yperyt, lewisite,  
chloropicrin, phosgene, and chlorine. There was no mention of  
others such as nerve gases. The lecturer mentioned the desirable  
characteristics for production of gases, stating that a gas  
must be heavier than air if it is to be used as a war gas.

The lecturer spoke on the physical and chemical characteristics  
of gases such as color, odor, physical state, and type of chemi-  
cal reactions when mixed with other chemical compounds. Also  
mentioned was the pathological effect on the human body, such  
as a change of blood, pneumonia and dermatitis, as a result of  
contact with gases.

50X1 [redacted]  
50X1 [redacted]

50X1 [redacted] a sniff set [redacted] used for identification of gases  
50X1 by odor. [redacted]  
50X1 [redacted]

50X1 Some mention was made on the treatment of gas casualties [redacted]  
50X1 [redacted] gas casualties  
50X1 were to be treated on division level and that he did not treat  
50X1 such casualties.

The individual soldier was supposed to carry a gas mask and a  
protective cover as defense against chemical warfare.

50X1 [redacted] a display of several one-piece rubberized  
50X1 protective suits which were used by chemical squads. [redacted]  
50X1 [redacted]

50X1 No mention was made on the subjects of bacteriological or radio-  
logical warfare and treatments, nor was there any mention of  
smoke or screening devices. [redacted]

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## 21. Physical exercises (Gymnasium - approximately 20 hours)

Swedish physical exercises were given in the morning. A variety of athletic equipment, such as parallel and chinning bars was available for physical conditioning. There were also horses and hurdles.

## 22. Nomenclature and Marksmanship (Classroom and range - approximately 15 hours)

The county-fair method was used in teaching nomenclature, sighting and aiming, and dry firing exercises during instruction on the TT Pistol (Tokarev), 7.62-mm., manufactured in Radom (N 51-25, E 21-09).

50X1 [ ] each doctor and dentist slow-fired about five rounds on a pistol range, located near the medical center. Targets were approximately 45 cm. sq. and had a 15 cm. black bulls-eye. Distance fired from was about 20 m.

They also received several hours of instruction on sighting and aiming and the nomenclature of Soviet-type rifle, cal. 7.62 mm. They fired about five rounds from the prone position at a range of about 100 m., at a rifle range located outside of Lodz. Source had no further details on this subject.

Final Examination

23. An examination was given upon completion of the course. All students passed it.

Assignments Upon Completion of the Course

50X1 24. [ ] the assignment of each trainee to a military unit was to be based on his relative standing at the completion of the course. The relative standing was determined by the total number of points received through examination, individual ratings by the platoon leaders and the political deputy based on the trainee's interest, cooperation, and participation in all phases of the course. The doctors and dentists receiving the highest number of points were to receive the best assignments. This system did not work as a good number of the highest rated trainees were assigned to military units quite distant from their homes, the opposite of what they desired and anticipated.

25. Furthermore, there were approximately 15 doctors who regularly attended Catholic services on Sundays and still were never deprived of their passes or privileges. Their relative standing, however, was the lowest of the entire group.

50X1 26. Prior to completion of the course, four officers arrived from Warsaw for the purpose of interviewing the doctors and dentists relative to making assignments to the military districts, air force, and navy. 50X1 [ ] these officers were from the personnel department and the medical service of the Ministry of National Defense. Of these officers, [ ] a Col. PECHNER, medical officer from the medical service of the Ministry of National Defense, and a Lt. TROSCIANKO, from the personnel department of the Ministry of National Defense. Col. PECHNER interviewed all the doctors and dentists, but Lt. TROSCIANKO appeared to be more important and made the decisions on the assignments of doctors and dentists to the military districts, 50X1 air force, and navy. [ ] approximately 20 doctors were assigned to the First Military District, Warsaw.

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SUMMARY OF TRAINING AT THE MEDICAL TRAINING CENTER

28. [ ] group morale was very poor because the men were inducted into the service, and as a result, a number of doctors were forced to suspend training in their specialized fields, such as surgery. Furthermore, they were treated as enlisted men and compelled to clean their billets and latrines, police the outside areas of their billets, and perform interior guard duty. Considering their educational background and professional standing, they were quite bitter over the fact that they were compelled to perform such menial tasks.

29. Passes were issued to approximately one-third of the doctors and dentists only on Sundays from 1500 to 2100.

30. [ ] they were paid about 620 zlotys per month, but of that about 270 zlotys were deducted for subsistence. From his last place of employment prior to induction, Source received a full month's pay for the first month of his service, and a half-month's pay during the remainder of his service while attending the course, which was in accordance with a current statute.

31. The men took the oath of service on the last day of the course, at which time they were promoted to lieutenant. [ ] about four doctors who were promoted to captain, but [ ] they had been officers during World War II or that they had been lieutenants at one time.

32. [ ] the lecturers, with the exception of the political, physical training, and chemical defense lecturers, were physicians. The chemical defense lecturer was either a physician or a chemical specialist. The lecturers were considered well-qualified and capable instructors. It was believed that they had been trained on the subjects they instructed.

33. [ ] the course was [ ] good. [ ] without such training, a doctor could not carry out his responsibilities as a medical officer in a military unit.

34. [ ]

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